



## Information Memorandum

Oregon Department of Human Services

Originating Cluster:

**Seniors and People with Disabilities**

Date:	July 17, 2003	IM Number:	SPD-IM-03-066
To:	Area Agency on Aging Directors AAA Program Managers and Staff CHS Central Office Managers CHS SDA Managers CHS SDA Assistant Managers	CHS/SPD All Staff CHS/SPD Line/Program Managers County DD Program Managers County Mental Health Directors SPD Central Office Staff	
From:	Elizabeth Lopez, Employment and Financial Benefits Section		
Subject:	2003 Pacific Care/Secure Horizons Outreach		

**Message:** Once again Social Service Coordinators, Inc. (SSC) is sending out information to Medicare recipients about the QMB program. The letters are scheduled for release on July 8<sup>th</sup>. This information is going to residents of: Benton, Clackamas, Lane, Linn, Marion, Multnomah, Polk and Washington counties. SSC will continue to do this outreach several times a year for the length of their contract. The letters (see below) are virtually the same as the ones they sent out earlier this year. For a reminder of the process please see [AR-02-035](#).

*If you have any questions about this information, contact:*

Contact(s):	Dale Marande		
Phone:	503-945-6476	Fax:	503-373-7902
E-mail:	<a href="mailto:Dale.F.Marande@state.or.us">Dale.F.Marande@state.or.us</a>		

**SI USTED NO PUEDE LEER INGLES, Y NECESITA AYUDA PARA COMPRENDER ESTA CARTA,  
POR FAVOR LLAME AL NUMERO 1-866-227-2963 DE LUNES A VIERNES  
8:00 A.M. HASTA LAS 5:00 P.M.**

### **QMB or SLMB Programs Pre-qualifying Questionnaire**

**Are you interested in finding out if you could save up to \$704.40 a year in Medicare Part B Premiums?**

If you qualify for one of the QMB or SLMB programs you could save up to \$704.40 a year in Medicare Part B premiums whether they are deducted from your Social Security Administration check or whether you pay them directly to Social Security Administration.

#### ***Individuals Only***

Is your monthly income (Social Security check, pension, wages, SSI) less than \$1,031?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have less than \$4,000 in your bank account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

#### ***Couples Only***

Is your combined income (Social Security check, pension, wages, SSI) less than \$1,384?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have less than \$6,000 in your combined bank accounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**If you answer “YES” to Both of these questions, you may qualify for one of the Medicare Savings Programs.**

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ Space/Unit/Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

**Please feel free to contact an SSC representative directly at 1-866-227-2963, 8:00 a.m. to 5:00 p.m. Monday through Friday.** The hearing impaired may call SSC's TTY/TDD number at 1-877-644-3244 during the same hours of operation. At the time of the call, an SSC representative will be available to assist you with the questionnaire, as well as the processing of paperwork.

Your participation in this questionnaire is voluntary. Whether or not you participate your healthcare benefits with PacifiCare of Oregon – Secure Horizons will not be affected in any way. Please be advised that this information will not be shared with anyone and will be kept under strict company confidentiality guidelines.

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ESTA CARTA, POR FAVOR LLAME AL NUMERO 1-866-227-2963 DE LUNES A  
VIERNES 8:00 A.M. HASTA LAS 5:00 P.M.**

May 14, 2003  
MMMMMMM

Dear Secure Horizons Member:

PacifiCare of Oregon has contracted with Social Service Coordinators, Inc. (SSC), to identify members who may qualify for a Medicare Savings program known as "Qualified Medicare Beneficiary" (QMB) or "Specified Low-Income Medicare Beneficiary" (SLMB). The federal government and the state of Oregon jointly fund these programs.

If you are eligible for one of the QMB or SLMB programs and your enrollment is accepted, you may see an increase in your Social Security check. The state will "buy-in" (pay for) your Medicare Part B premium if you are enrolled in the QMB or SLMB program. The increase in your Social Security check may equal the amount you pay, which is currently \$58.70 (2003) per month or \$704.40 annually. With this increase in your Social Security check, you can see why we encourage your response to this questionnaire. We recognize the value these programs offer our members who qualify.

Enclosed is a questionnaire that SSC has developed to aid in determining whether you may be eligible for a Medicare Savings program. We encourage you to complete the questionnaire and forward it to SSC in the enclosed prepaid self-addressed envelope. Your participation is completely voluntary. Whether or not you complete the questionnaire, your healthcare benefits with Secure Horizons will not be affected in any way. If you choose to participate, you may either call SSC directly, or a representative from their Outreach Center will contact you when they receive your completed questionnaire. They will review the information and explain the next steps to determine if you qualify for any of these programs.

There is no cost to you for participating. In fact, all you have to do is provide SSC with some of your time and certain documents that are needed in the enrollment process with the Department of Human Services (DHS) through its Community Human Service (CHS) and Area Agency on Aging (AAA) offices, which manages these programs in Oregon.

While SSC can assist you in applying for a Medicare Savings program, the approval must come from CHS or AAA. The enrollment process can take up to 45 days. However, working together, SSC will make every effort to expedite the process. Please be advised that this information will not be shared with anyone and will be kept under strict confidentiality.

If you qualify and you receive an award letter, it is very important that you contact SSC. **SSC can be reached at 1-866-227-2963, Monday through Friday, 8:00 a.m. to 5:00 p.m.** The deaf or hearing impaired may call SSC's TTY/TDD number at 1-877-644-3244. Upon receipt of the award letter, SSC will verify that you receive the applicable state payment, which may include the complete Medicare Part B premium.

You may also receive information about Medicare Savings programs by contacting a representative of your State Health Insurance Benefits Assistance (SHIBA). Oregon residents may call SHIBA at 1-800-722-4134 or reach DHS by contacting an SSC representative at **1-866-227-2963**, where they can direct you to the nearest CHS or AAA office. The deaf or hearing impaired may call Medicare at TDD/TDY number: 1-877-486-2048.

We are very excited about this program and welcome SSC in our ongoing effort. Again, we assure you that this information will not be shared with anyone and will be kept under strict company confidentiality guidelines.

Sincerely,

A handwritten signature in black ink that reads "Marilyn McCullough". The script is cursive and fluid.

Marilyn McCullough  
Vice President, Customer Service